PHHP Curriculum Review Checklist

This checklist may be used in completing the Curriculum Review Online Form. It provides additional explanation to clarify what information needs to be included in the review form. It also helps to ensure greater consistency between all curricula submitted. Please address each of the following items on the online form as it applies to the curriculum / training event being submitted.

Event Demographics
- ☐ Enter the title for the event, the contact person, and his/her contact information. Additional persons involved and contact information may also be listed.

Training Description
- ☐ Give a description of the training to include, for example, purpose, subject matter, venue, audience, etc. This description may be used in training catalogs and calendars.

Needs Assessment Process
- ☐ Describe the how the needs assessment was conducted related to this training.
- ☐ Explain how this training meets the need.

Strategic Objective
- ☐ Specify which PHHP Strategic Objective this training supports. Enter any additional explanation in the "Additional Information" section at the bottom of the form.

Related Project, Project ID and OCA
- ☐ Enter the project name as listed in the Deliverables and Milestones for the related Strategic Objective.
- ☐ Enter the project ID and project OCA, if known.

Budget
- ☐ List total event cost (Do not add a $ sign, other characters, or letters.). Enter any additional explanation in the "Additional Information" section at the bottom of the form.

Target Audience
- ☐ Describe the target audience(s); identify for whom the event is designed.

Asset Team Requirement
- ☐ Specify if this training is required for an asset typed team.*
- ☐ Verify and document applicability.

Course Programs / Job Category
- ☐ List the specific course program, job category, job function, and/or response role requiring this training.*
- ☐ Verify and document applicability.

* See *Preparedness Training Catalog for CHDs* for Public Health job functions / response roles / asset teams. The offices of primary responsibility and subject matter experts designate which courses are required for credentialing and which are recommended.

Training Series / Other Program
- ☐ Describe whether training is part of a series or other program.

Equivalent / Similar Training

☐ Identify any similar or equivalent training currently available or offered in the past. Explain how it is similar or equivalent.

☐ Explain the reason the curriculum being reviewed is needed in relation to the similar or equivalent course.

Competencies

☐ Ensure the training is based on an established/published set of competencies and identify the source/name of the competencies.

- The *Council on Linkages between Academia and Public Health Preparedness, Core Competencies for Public Health Professionals* is a standard set of competencies for public health training (http://www.phf.org/resourcestools/Documents/Core_Public_Health_Competencies_III.pdf). It is used by the DOH Office of Workforce Development in sorting training in the Learning Management System. If the training will be posted in TRAIN Florida, identify competencies from this source.

- The *Public Health Preparedness and Response Core Competency Model* provides a set of competencies that are related to preparedness and response (http://www.asph.org/document.cfm?page=1081).

- The *ICS Core Competencies* are adopted in the State ESF 8 Standard Operating Procedure for responder training (http://www.doh.state.fl.us/demo/BPR/PDFs/ESF8-SOP-V2-0.pdf - see pg 41).

- Additional standardized sets of competencies may also be used to specify applicable course competencies.

☐ Identify the specific competencies met through this training.

Learning Objectives

☐ State the objectives in measurable "SMART" terms from the participant's perspective - i.e. what the participant will know or be able to do at the end of the training.

Measure training objectives according to:
- **S** – Simple and easily understood
- **M** – Measurable against a standard and goals – uses concrete, observable verbs to describe learner action
- **A** – Achievable; challenging but not impossible
- **R** – Realistic and relevant to what you want to accomplish
- **T** – Time-bound

Delivery Method

☐ Identify method (s) of training delivery (select all that apply):
- Classroom / Instructor-led
- Online / Self-paced
- Other method.

☐Enter any additional explanation in the "Additional Information" section at the bottom of the form.

Delivery Method / Content Details

Select the descriptors that apply to the training. Enter any additional explanation in the "Additional Information" section.

☐ Allows for modification and unlimited use - Identify any issues related to updating, modifying, and ongoing use of the curriculum or training program.

☐ ADA Compliant - Ensure training content and delivery are compliant with the Americans with Disabilities Act (see DOH Trainer Toolkit – http://www.doh.state.fl.us/demo/BPR/PDFs/TrainerToolkit.pdf).

☐ Content is accurate and addresses the objectives.

☐ Meets FDOH IT security/policy requirements (online courses only) - Verify compliance with FDOH information security, network policies, and infrastructure requirements. http://dohiws/Divisions/IRM/Policy/InfraSupportPolicies/InfoSecurityPrivacyPolicies/table_of_contents.htm

☐ Multiple instructional methods are used.

☐ Provides opportunity for evaluation of knowledge and acquisition of skills, i.e., through pre/posttest, skill practice, class interaction, instructor observation, etc.

☐ Provides opportunity for review and recall of the key concepts.

☐ Visual and auditory components maintain the learner's interest and attention – i.e. the course is interactive, applicable to real world situations, keeps learners engaged, is relevant to job tasks, etc.

☐ Presentation and materials adhere to Tier 1 Review Committee training standards.

Level of Training

☐ Specify the training level as Awareness, Knowledgeable / Operations, Proficient / Technician, based on the knowledge, skill or experience required to successfully complete the class.

- Awareness – Basic / introductory level, knowledge-based, general understanding of preparedness concepts; may offer self-testing of acquired knowledge, generally appropriate for all target audiences.

- Knowledgeable / Operations – Moderate level of skill required; provides comprehensive information or skills for specific job duties; evaluation is required and may provide practice-related exercises and simulations, and written instruments; skill development is evaluated through self-testing or observational feedback, prior awareness level achievement required, appropriate for a specific target audience.

- Proficient / Technician – High level of skill required; provides intensive instruction, and reinforcement of skills; evaluation is completed using an observable and measurable performance standard and practice-related exercises and simulations; appropriate for a particular audience with specialized skills.

Pre-requisites

☐ Specify any training that is required prior to attending.

☐ Specify any training that is strongly recommended prior to taking this training.

Session Length

☐ Describe the length of time required for participants to complete the training.

Number of Sessions

☐ Enter the number of sessions to be provided. Enter any additional explanation in the "Additional Information" section at the bottom of the form.

Schedule of Sessions

☐ List specific dates the training will be offered, the frequency of the training sessions, and/or if the training will be ongoing.

Session Location

☐ List the areas of the state where the training will occur.

Estimated Session Attendance

☐ Enter the estimated number of people to be trained per session.

Instructor Qualifications

☐ Specify the necessary qualifications / knowledge, skills, and abilities the instructor must possess to teach this course. In addition, you may email a copy of the instructor's resume/curriculum vitae to PHMP_TrainEx@doh.state.fl.us.

Continuing Education Units (CEU)

☐ Specify if CEUs are available for this course and for whom, or explain why CEUs are not offered.

Evaluation Method

☐ Describe the method used to evaluate the training, the trainer, and the knowledge / skill gained by the participants (i.e., pre/posttest and participant feedback survey).
- Knowledge / skill evaluations should relate to the learning objectives.
- Participant surveys should include, at a minimum, items to rate the:
  - Effective achievement of **each** learning objective
  - Increased knowledge or skill for the participants
  - Usefulness for the participant's job / response role
  - Effectiveness of the trainer or facilitator
  - Effectiveness of the materials
  - Effectiveness of format or delivery method
  - Participant overall rating and additional comments

☐ Submit a copy of the evaluation forms to PHMP_TrainEx@doh.state.fl.us.

Previous Evaluation Results

☐ Summarize the evaluation results from any previous sessions.
☐ Submit an evaluation report to PHMP_TrainEx@doh.state.fl.us.

Data Collection Method

☐ Describe how the training data will be collected and maintained, including demographics, rosters, evaluations, etc.

Training Update Process

☐ Outline the process and schedule for updating the training content.

Trak-It Details

☐ Describe training availability in TRAIN Florida, the DOH learning management system. It is expected that approved training be posted in TRAIN Florida in the manner most appropriate for the training. Identify the TRAIN Florida course name and Course Manager (the person who will create the course in TRAIN Florida). Ensure training is available in TRAIN Florida prior to it being conducted.

Additional Information

☐ Provide any additional information needed that has not been previously noted.

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Documents Submitted for Review

☐ Submit supporting course materials (presentation/PowerPoint, participant manuals and handouts, instructor guide/information (classroom training), knowledge/skill evaluation instruments, participant feedback forms, instructor resume(s), etc.) to PHMP_TrainEx@doh.state.fl.us. (See the *Training Development and Review Standards* for more information.)

Program Manager Review

☐ Enter the name of the Program Manager for the associated PHHP Strategic Objective who reviewed the curriculum and the date of the review.

Peer Review

☐ Enter the name of the peer reviewer and the date of the review.